



DoD Task Force Report Update

Progress on the 76 Recommendations

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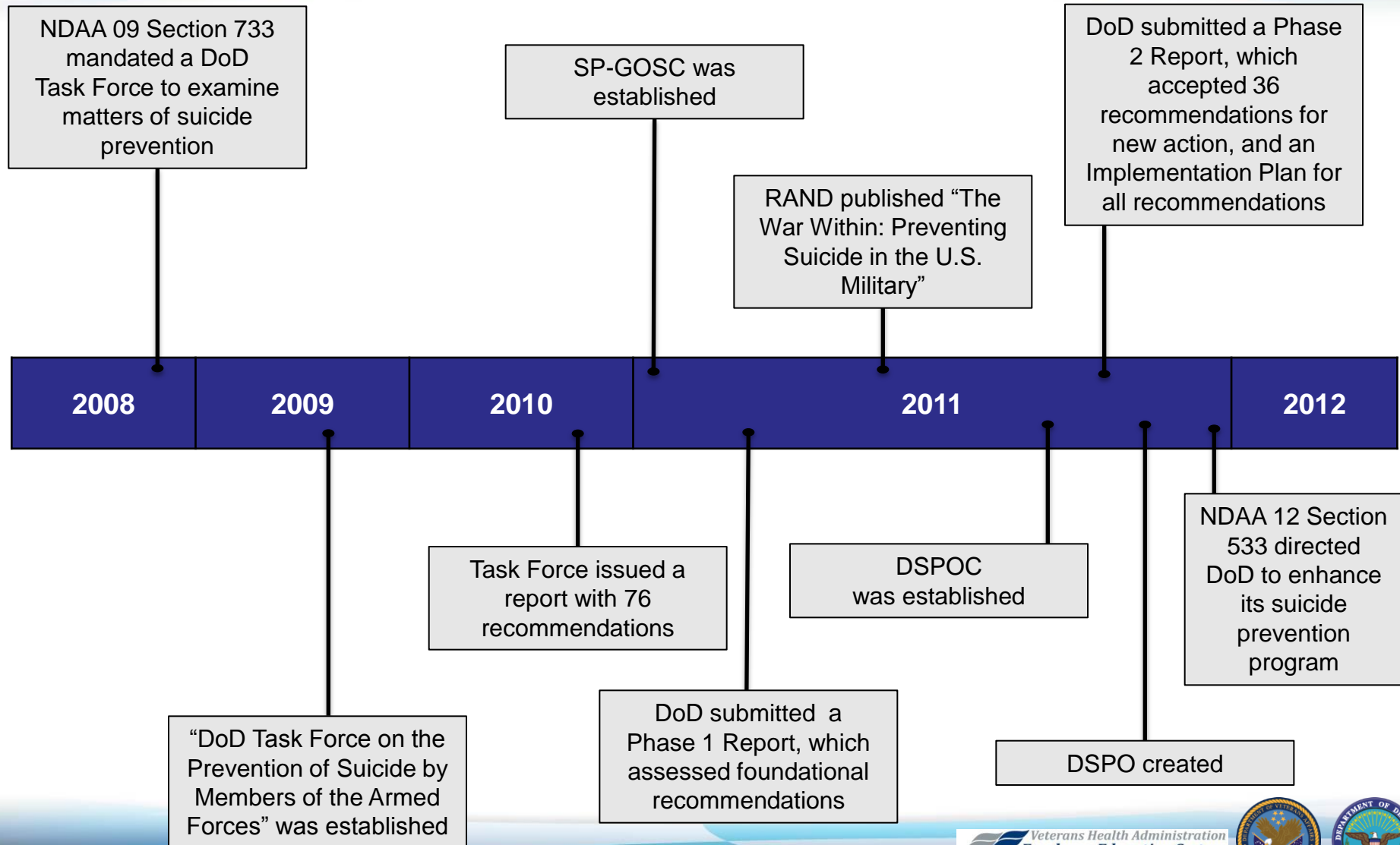
Agenda

- **Welcome and Introductions**
- **Timeline/History**
- **Overview of Recommendation Categories**
- **Review of Priority Groups**
- **Questions**

Introductions

- Ms. Jacqueline Garrick, Acting Director DSPO
- Mr. Len Litton
- Ms. Kati Lake, Booz Allen Hamilton
- Mr. Chris Dorr
- Mr. Dan Joelson, Booz Allen Hamilton
- Mr. Race Robertson, Booz Allen Hamilton

DSPO Timeline/History



Timeline/History (Continued)

- **Section 733 of the 2009 NDAA required:**

- Report submitted to the Secretary of Defense (SECDEF) containing an assessment of the suicide prevention programs within the DoD
- Findings and recommendations
- Other matters the Task Force considers appropriate
- SecDef then required to submit the report to Congress
- SecDef required to develop a plan based on the recommendations

- **SecDef responded with:**

- Phase 1 report (13 Foundational Recommendations)
- Phase 2 report (76 Detailed Recommendations)

Recommendation Categories

- Responsibility for evaluating the Task Force Report was delegated to the Deputy Assistant Secretary of Defense for Readiness (DASD(R))
- DASD(R) formed working and oversight groups to evaluate each recommendation and develop the action plan for implementation
- Recommendations were reviewed and placed into one of three categories:
 - “Accept for Action” - Agreement with the recommendation and new action was required to meet the intent (36 accepted)
 - “No Further Action Required” - Agreement with the recommendation, but actions were in place or pending that met the intent (34 No Further Action)
 - “No Action is Directed” - Not in agreement as written and would take no further action (6 No Action)

Implementation Plan and Priority Groups

- Recommendations “accepted for action” were further reviewed to determine specific actions required for implementation
- The Under Secretary of Defense for Personnel and Readiness (USD P&R) issued a Memo directing required actions
- Actions were grouped by like elements and prioritized into nine Priority Groups:
 - *Group 1* – Issue Policy Directive
 - *Group 2* – Increase Fidelity of Data and Data Processes
 - *Group 3* – Develop a Program Evaluation Process
 - *Group 4* – Improve Strategic Messaging and Reduce Stigma
 - *Group 5* – Develop a Means Restriction Policy
 - *Group 6* – Conduct a Comprehensive Training Evaluation
 - *Group 7* – Evaluate Access and Quality of Behavioral Health Care
 - *Group 8* – Review and Standardize Investigations
 - *Group 9* – Develop a Comprehensive Research Strategy

Group 1: Issue Policy

- Coordinating the Defense Suicide Prevention Program DoD Directive (DoDD) which covers multiple policy areas
- Facilitated the SECDEF Memo identifying suicide prevention as a priority for the Department which was published May 15, 2012
- Coordinating with the Office of the Under Secretary of Defense for Intelligence (OUSD (I)) on the memo and policy for Question 21 on the SF-86 Security Questionnaire
- Assisted Reserve Affairs; published the Reserve Component Suicide Postvention Plan: A Toolkit for Commanders.
- Next Steps:
 - Submit the DoDD for Washington Headquarters Services for coordination

Group 2: Increase Fidelity of Data and Data Processes

- To enhance the DoD Suicide Event Report (DoDSER), meetings were held with the National Center for Telehealth and Technology (T2) and the Defense Manpower Data Center (DMDC) to discuss auto-population of the DoDSER at the input screen. Further coordination will be required to determine if a front end or back end data population is most practical.
- The DSPO sponsored the first meeting of the new Data Working Group (DWG) comprised of Suicide Prevention and Risk Reduction Committee (SPARRC) members with a targeted objective to provide input on the data section of the DoDD being drafted at the DSPO. Feedback is being incorporated in to the DoDD draft for formal coordination.

Group 2: Increase Fidelity of Data and Data Processes (Continued)

- More detailed information for data and DoDSER processes will be included in DoD Instruction (DoDI) to be published later this year.
- The DSPO has undertaken efforts with Veteran's Affairs (VA) to develop the Suicide Data Repository (SDR).
- The SDR will fill critical gaps in knowledge, particularly with transition populations and the Guard/Reserve. To achieve this, bi-directional sharing of information is required and is being engineered.
- The SDR is being established at the Defense Manpower and Data Center (DMDC)

Group 2: Increase Fidelity of Data and Data Processes (Continued)

- A National Death Index (NDI) search list from both VA and DoD is in the final stages of development. A corollary arrangement is being worked on for the Centers for Disease Control (CDC)/DMDC data exchange to provide feedback on military decedents for CDC.
- The SDR is being established to contain NDI information based on military service population as far back as we have automated records; at a minimum 1979 forward. This will enhance our longitudinal suicide study capability significantly, and provide previously unavailable information for other potential mortality investigation.

Group: 3 Develop a Program Evaluation Process

- The DSPO is developing a capacity and value analysis approach that will track programming, planning, budgeting and execution into a single system. This will inform efficiencies and requirements in the future; melded to this approach will be metrics that capture program effectiveness.
- The DSPO is overseeing development of a toolkit by RAND that will guide the Services in evaluating their suicide prevention programs; the toolkit is being piloted through the SPARRC.
- The Suicide Prevention & Resilience Resource Inventory (SPRRI) Assessment for the National Guard/Reserve, developed by Reserve Affairs, is being supported and the on-line instruments will be deployed by June 2012.

Group 4: Improve Strategic Messaging and Reduce Stigma

Multiple efforts underway to address this issue:

- DCoE Resilience and Prevention Directorate co-leading Group 4
- Integrated Mental Health Strategy Strategic Action #19
- White House Joining Forces Initiative

Group 4 Status

- Coordination Stage
 - Reviewed 250+ programs to identify evidence-based practices for stigma reduction. Coordinating data assignment with Service Resilience Chiefs to validate program inventory
 - Coordinating the review of DoD and Service policies, DoDIs and Directive Type Memorandums
 - Preliminary literature review conducted

Group 4: Improve Strategic Messaging and Reduce Stigma (Continued)

- Next Steps
 - Metrics will be determined by process outcomes (e.g., number of programs, policies, campaigns, collaborative meetings)
 - RAND Stigma Study is planned to commence in July of 2012
 - RealWarriors has messages in line with the targeted recommendations and will continue to develop, update, and disseminate those messages
- Integrated Mental Health Strategic Action #19
 - Work Group Formed
 - Joint Communications Plan developed and distributed
 - Plan currently being implemented
- White House Joining Forces Initiative
 - DSPO was asked by the Army to assist with its Joining Forces effort for the White House on Stigma Reduction and a joint strategy is being developed that will incorporate VA and DCoE activities

Group 4: Improve Strategic Messaging and Reduce Stigma (Continued)

- Public Affairs Guidance (PAG) - develop with OSD (PA). Issued in April 2012, providing more than 5,000 Public Affairs Officers (PAOs) and senior leaders at all military installations with guidance on responding to media after a military suicide
- The DSPO partnered with the Defense Information School (DINFOS) to provide trainings to that school's PAOs
- The DSPO worked with the Defense Media Activity (DMA) on seven public service announcements (PSA) prior to their radio and TV dissemination worldwide
- The DSPO has worked with DUSD (I) on the SF-86 (question 21) issue
- The DSPO & SAMHSA are expanding the Partners In Care (PIC) Program beyond five pilot states. PIC organizes faith-based organization to provide services and support to members of the National Guard and their families

Group 5: Means Restriction Update Weapons

- 13 member working group focused on recommendations #25 (Weapons Restriction) #55 (Suicide Watch) and #59 (Clinical Practice Guidelines)
- WG consisted of Service Clinicians, Judge Advocates, Military Police / Security Forces, Line Leaders, and a VA Clinician
- Limited existing policies were collected from DoD, USA, USAF, and USN to conduct an assessment of weapons restriction and mental health baselines
- WG divided into 4 sub-working groups; Clinical, Operational, Legal, & Policy
- Twenty-five RFIs were developed for the sub-working groups to research for comprehensive gap analysis
- Next WG meeting tentatively scheduled for the week of July 23-27, 2012

Group 5: Means Restriction Update Pharmaceuticals

- A working group of nine DoD members convened via teleconference in May 2012
 - Supported by TMA Office of Chief Pharmacy Ops
 - USA, USAF, USN Pharmacy Consultants participated
 - Limited Service policy and guidance collected
- Discussed DSPO and DoDSER data that supports a prescription drug take back policy
- Naval Hospital Camp Lejeune Pharmacy Dept conducts periodic base drug take back program at Provost Marshal's Office
 - Local DEA Office informed of collection periods & takes custody of drugs
 - Amnesty lock box under constant surveillance from PMO security camera

Group 5: Means Restriction Update Pharmaceuticals (Continued)

- DEA Diversion Investigation Office contacted
 - Secure & Responsible Drug Disposal Act of 2010 regulations in review by DEA
 - Allows public and private entities to develop methods of collecting and disposing of controlled substances, as determined by the Attorney General
- Next WG meeting tentatively scheduled for June 19, 2012

Group 6 Proposal: Comprehensive Training Evaluation

- This group contains six actions that focus on improving the standardization and fidelity of the training for all relevant subgroups that have an impact on preventing suicide within the Department.
 - Co-Leads for the group will be the DSPO and Navy/Marine Corps
 - An Action Plan is currently being developed

Group 7 Proposal: Access to and Quality of Care

- This group contains 12 actions that focus on ensuring that the Department has the proper number of Mental Health Care Providers and that they are in the best locations to have the maximum impact.
 - Co-Leads for the group will be DSPO and OSD Health Affairs
 - An Action Plan is currently being developed

Group 8: Proposal Investigations

- This group contains one action that is focused on identifying modifications that DoD can make to enhance the collection and standardization of data that results from the current investigations in the aftermath of a fatal suicide event.
 - Co-Leads for the group will be the DSPO and the USAF
 - An Action Plan is currently being developed

Group 9: Proposal Research

- This group contains two actions focused on creating a unified, strategic, and comprehensive plan for research in suicide prevention across the Department.
 - Co-Leads for the group will be the DSPO and the US Army
 - An Action Plan is currently being developed

QUESTIONS?